



State of Hawaii, Department of Health, Clean Water Branch

CWB-ZOM FORM

Application for Zone of Mixing (ZOM) for assimilation of waste discharge (HAR, Chapter 11-54).

Before completing this form, read the General Guidelines for CWB-ZOM Form. Alteration of the text in this form may delay the process of this submittal.

1. Owner Information (see Guidelines for CWB-ZOM Form - Note 1)

Legal Name: _____

Mailing Address: _____

City, State and Zip Code+4: _____

Street Address: _____

City, State and Zip Code+4: _____

Contact Person & Title: _____

Phone No.: () _____ Fax No.: () _____

2. Owner Type (see Guidelines for CWB-ZOM Form - Note 2)

City ☐ County ☐ State ☐ Federal ☐ Private ☐ Other ☐

If "Other" is checked, specify the type below:

3. Operator Information (see Guidelines for CWB-ZOM Form - Note 3)

Legal Name: _____

Mailing Address: _____

City, State and Zip Code+4: _____

Street Address: _____

City, State and Zip Code+4: _____

Contact Person & Title: _____

Phone No.: () _____ Fax No.: () _____

4. Facility Information (see Guidelines for CWB-ZOM Form - Note 4)

Legal Name: _____

Mailing Address: _____

City, State and Zip Code+4: _____

Street Address: _____

City, State and Zip Code+4: _____

Contact Person & Title: _____

Phone No.: () _____ Fax No.: () _____

Island: _____

Tax Map Key No(s).			
Zone	Section	Plat	Parcel(s)

5. Receiving State Water(s) Information (see Guidelines for CWB-ZOM Form - Note 5)

a. Receiving State Water Name: _____

Discharge Point Coordinates into the Receiving State Water:

Latitude: ° ' " N Longitude: ° ' " W

b. Classification: (check the appropriate space(s))

Inland: Class 1 ☐ Class 2 ☐ and Estuary ☐ Stream ☐

Marine: Class AA ☐ Class A ☐ and Embayment ☐ Open Coastal ☐

Marine Bottom: Class I ☐ Class II ☐ and

Reef Flat ☐ Artificial Basin ☐ Sand Beaches ☐

Lava Rocks ☐ Marine Pools and Protected Coves ☐

c. Depth of Outfall: _____ feet

6. Period of discharge (see Guidelines for CWB-ZOM Form - Note 6) (check the appropriate space(s))

Continuous ☐ Seasonal ☐ Occasional ☐

Daily ☐ Intermittent ☐ Emergency ☐

7. NPDES Permit Application (see Guidelines for CWB-ZOM Form - Note 7)

Is this CWB-ZOM Form an attachment to an application for renewal of an NPDES Permit?

No ☐

Yes ☐

If yes, provide the assigned NPDES Permit No.: _____

8. Pollution Control Measures Presently Applied to Wastewater Prior to Discharge (see Guidelines for CWB-ZOM Form - Note 8)

a. Is treatment applied to present discharge?

No ☐

Yes ☐

If yes, state the percentage of wastewater treated by your facilities. _____ %

b. A flow chart or line drawing indicating the existing flow sequence is attached.

Yes ☐

No ☐

, an explanation is attached.

9. Present Wastewater Discharge (see Guidelines for CWB-ZOM Form - Note 9)

a. Identify type(s) of discharge (Check all that apply)

Domestic Sewage ☐

Industrial Waste ☐

Irrigation Tailwater ☐

Thermal Waste ☐

Agricultural Waste ☐

Other ☐

b. If "Other" is checked, specify the type below:

10. Source of Discharge (see Guidelines for CWB-ZOM Form - Note 10)

11. Quantity of Discharge (see Guidelines for CWB-ZOM Form - Note 11)

Present Flow		gallons/day
Design Flow		gallons/day

12. Physical Quality of Discharge (see Guidelines for CWB-ZOM Form - Note 12)

Check the appropriate column.

Parameter	Believe Present	Believe Absent
Floating Debris		
Oil		
Scum or Foam		
Color		
Odor		

13. Specific Water Quality Criteria Parameters (see Guidelines for CWB-ZOM Form - Note 13)

All of the parameters must be tested and reported for a complete application.

Parameter	Test Result	Units	Test Method	Method Detection Limit
Total Nitrogen (1.0 µg/l)		µg/l		
Ammonia Nitrogen (1.0 µg/l)		µg/l		
Nitrate + Nitrite (1.0 µg/l)		µg/l		
Orthophosphate Phosphorus (1.0 µg/l)		µg/l		
Total Phosphorus (1.0 µg/l)		µg/l		
Chlorophyll <u>a</u> (1.0 µg/l)		µg/l		
Turbidity (1 NTU)		NTU		
Total Suspended Solids [aka Nonfilterable Residue] (1.0 mg/l)		mg/l		
pH (0.1 standard units)				
Dissolved Oxygen (0.1 mg/l)		mg/l		
Oxygen Saturation (1%)		%		
Temperature (0.1 °C)		°C		
Salinity (1.0 ppm)		ppm		

14. Toxic Parameters (see Guidelines for CWB-ZOM Form - Note 14 and Glossary of Chemicals - Note 23)

a. Metals

Total Recoverable Metal Parameter	Test Result	Units	Test Method	Method Detection Limit
Arsenic (10 µg/l)		µg/l		
Barium (10 µg/l)		µg/l		

Total Recoverable Metal Parameter	Test Result	Units	Test Method	Method Detection Limit
Cadmium (1.0 µg/l)		µg/l		
Chromium (10 µg/l)		µg/l		
Chromium (VI) (1.0 µg/l)		µg/l		
Copper (1.0 µg/l)		µg/l		
Lead (1.0 µg/l)		µg/l		
Mercury (0.01 µg/l)		µg/l		
Nickel (1.0 µg/l)		µg/l		
Silver (0.1 µg/l)		µg/l		
Zinc (10 µg/l)		µg/l		

b. Others

Other Parameter	Test Result	Units	Test Method	Method Detection Limit
Cyanides (0.1 µg/l)		µg/l		
Phenols (10 µg/l)		µg/l		
Sulfides (10 µg/l)		µg/l		
		µg/l		
		µg/l		

15. Description of Existing Environment and Potential Environmental Effects on the Receiving Waters
(see Guidelines for CWB-ZOM Form - Note 15)

- a. Describe the Existing Physical Environmental and Potential Physical Environmental Effects, including data pertinent to the existing conditions of the receiving water (i.e., depth, currents, location, etc.)

- b. Describe the Existing Chemical Environmental and Potential Chemical Environmental Effects

c. Describe the Existing Biological Environmental and Potential Biological Environmental Effects

d. Describe the Existing Uses and Its Potential Effects

16. Proposed Zone of Mixing Boundaries Map (see Guidelines for CWB-ZOM Form - Note 16)

a. A proposed zone of mixing boundaries map which clearly shows the following is attached:

Yes ☐ No ☐

- i. Legal boundaries of the project site,
- ii. Location and identification number of the site's existing and/or proposed intake an/or discharge points,
- iii. Receiving State water identified and labeled,
- iv. Delineation of the boundaries for the proposed zone of mixing that would be required to assimilate the discharge in question. The water area outside the zone of mixing shall be of a quality commensurate with the classified use of said water area, and
- v. Location(s) where the water quality sample and marine bottom biological data will be collected.

b. The supporting calculations/methods used to establish the proposed zone of mixing delineation shown on the proposed zone of mixing boundaries map is attached:

Yes ☐ No ☐

17. Best Degree of Treatment or Control (see Guidelines for CWB-ZOM Form - Note 17)

Are additional pollution control facilities planned?

No ☐ Yes ☐ If yes, complete the Items 17.a. and 17.b.

a. Implementation Plan (Check one (1))

Proposed New Facility

☐

Increase Capacity

☐

Improve Degree of Treatment

☐

Eliminate Discharge

☐

Relocate Effluent Disposal Location

☐

Other

☐

If "Other" is checked, specify the type below:

b. Implementation Deadlines

i. Preliminary Engineering Report _____ (month/year)

ii. Plans and Specifications _____ (month/year)

iii. Completion of Financing Arrangements _____ (month/year)

iv. Construction Begins _____ (month/year)

v. Construction Completed _____ (month/year)

18. Hawaii Administrative Rules, Section 11-54-09(c)(5) Objectives (see Guidelines for CWB-ZOM Form - Note 18)

Provide a detailed response/explanation which clearly addresses the following four (4) basic objectives. No Zone of Mixing shall be established or granted by the Director unless the application and supporting information includes this response.

Is a response attached?

Yes

☐

No

☐

If no, responses shall be provided under each basic objective listed below.

a. The continuation of the function or operation involved in the discharge by the granting of the zone of mixing is in the public interest.

b. The discharge occurring or proposed to occur does not substantially endanger human health or safety.

- c. Compliance with the existing water quality standards from which a zone of mixing is sought would produce serious hardships without equal or greater benefits to the public.

- d. The discharge occurring or proposed to occur does not violate the basic standards applicable to all waters, will not unreasonably interfere with any actual or probable use of the water areas for which it is classified, and has received (or in the case of a proposed discharge will receive) the best degree of treatment or control.

19. Additional Information (see Guidelines for CWB-ZOM Form - Note 19)

20. Certification (see Guidelines for CWB-ZOM Form - Note 20)

Alteration of this item will result in the invalidation of this CWB-ZOM Form submittal. **The person certifying this CWB-ZOM Form must meet one of the following descriptions and be employed by the owner listed in Item 1.**

- ☐ I certify that for a municipal agency, I am a principal executive officer or ranking elected official.
- ☐ I certify that for a state agency, I am a principal executive officer or ranking elected official.
- ☐ I certify that for a non-federal public agency, I am a principal executive officer or ranking elected official.
- ☐ I certify that for a federal agency, I am the chief executive officer of the agency, or I am the senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.
- ☐ I certify that I am a general partner for a partnership.
- ☐ I certify that I am the proprietor for a sole proprietorship.
- ☐ I certify that for a corporation, I am the President, Vice President, Secretary, or Treasurer of the corporation and in charge of a principal business function, or I perform similar policy or decision-making functions for the corporation.
- ☐ I certify that for a corporation, I am the Manager of one or more manufacturing, production, or operating facilities and am authorized to make management decisions which govern the operation of the regulated facility or facilities including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations. I can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements and authority to sign documents has been assigned or delegated to me in accordance with corporate procedures.
- ☐ I certify that for a trust, I am a trustee.
- ☐ I certify that for a limited liability company (LLC), I am the Manager or a Member authorized to make management decisions for the LLC and am in charge of a principal business function, or I perform similar policy or decision-making functions for the LLC.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature: _____ Date: _____

Printed Name & Title: _____

Company/Organization Name: _____

Phone No.: () _____ Fax No.: () _____

CWB-ZOM Form Checklist			
If any item (except for Item 19) is listed as "no," attach a sheet with the reason for its exclusion from the CWB-ZOM Form submittal.			
Item Number	Description	Is info. provided?	
		yes	no
1.	Owner Information		
2.	Owner Type		
3.	Operator Information		
4.	Facility Information		
5.	Receiving State Water(s) Information		
6.	Period of Discharge		
7.	Attached to NPDES Permit Application?		
8.	Pollution Control Measures Presently Applied to Wastewater Prior to Discharge		
9.	Present Wastewater Discharge		
10.	Source of Discharge		
11.	Quantity of Discharge		
12.	Physical Quality of Discharge		
13.	Specific Water Quality Criteria Parameters		
14.	Toxic Parameters		
15.	Description of Present Conditions and Use of Receiving Water		
16.	Proposed Zone of Mixing Boundaries Map		
17.	Best Degree of Treatment of Control		
18.	Hawaii Administrative Rules, Section 11-54-09(c)(5)		
19.	Additional Information		
20.	Certification		
21.	Number of copies with supporting documents submitted		
	Two (2) copies for facilities on Oahu with owner's original signature (one with owner's original signature)		
	Three (3) copies for facilities on islands other than Oahu (one with owner's original signature)		